

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Citizens Strengthening our Message in the House (C SMITH PAC)

ADDRESS (number and street)

PO BOX 3168

☐ (Check if address is changed)

Hamilton

CITY ▲

NJ

STATE ▲

08619-0168

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

csmithpac12@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER ►

C C00524322

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Roldan, Mary, M., ,

Signature of Treasurer Roldan, Mary, M., ,

[Electronically Filed]

Date

MM / DD / YYYY

06

22

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

1.  FEC ID number

2.  FEC ID number

3.  FEC ID number

4.  FEC ID number

Write or Type Committee Name

**Citizens Strengthening our Message in the House (C SMITH PAC)****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Roldan, Mary, M., ,

Mailing Address

PO BOX 3184

Trenton

CITY

STATE

08619-0184

ZIP CODE

Title or Position  
Treasurer

Telephone number

Full Name of  
Designated  
Agent

Roldan, Mary, M., ,

Mailing Address

PO BOX 3184

Trenton

CITY

NJ

STATE

08619-0184

ZIP CODE

Title or Position

Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Investors Bank

Mailing Address

2300 Route 33

Robbinsville

CITY

NJ

STATE

08691

ZIP CODE

Name of Bank, Depository, etc.

Investors Bank

Mailing Address

2300 Route 33

Robbinsville

CITY

NJ

STATE

08691

ZIP CODE